
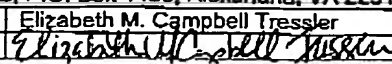


RECEIVED

CENTRAL FAX CENTER

MAY 01 2006

TRANSMITTAL FORM		Application Number		10/753,202			
		Filing Date		January 7, 2004			
		First Named Inventor		Paul H. Edwards			
		Art Unit		3652			
		Examiner Name		Charles N. Greenhut			
Total Number of Pages In This Submission		19		Attorney Docket Number		016743-9002	
ENCLOSURES (check all that apply)				PETITION FOR EXTENSION OF TIME			
<input checked="" type="checkbox"/> Amendment/Reply – 17 pgs. <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Forms PTO/SB/08a & PTO/SB/08b <input type="checkbox"/> Cited References: <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Submission of Formal Drawings <input type="checkbox"/> Other:				This is a request under the provisions of 37 CFR 1.136(e) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a three-month extension of time and pay the fee of \$1,020.00 (37 CFR 1.17(a)(1)-(5)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.			
CLAIMS FEES							
<input type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Addit. Claim Fee
Total	46	-	44	=2	x 25=	\$0	x 50= \$100.00
Independent	4	-	4	=0	x 100=	\$0	x 200= \$0
<input type="checkbox"/> First Presentation of Multiple Claim					+ 180=	\$0	+ 360= \$0
FEES							
<input checked="" type="checkbox"/> Additional Claim Fee						\$100.00	
<input checked="" type="checkbox"/> Extension fee for three-month						\$1,020.00	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts – Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
TOTAL FEES						\$1,120.00	
PAYMENT OF FEES							
<input type="checkbox"/> A check in the amount of \$ 0.00 is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. A duplicate copy of this transmittal is attached for this purpose.							
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$1,120.00. A duplicate copy of this transmittal is attached for this purpose.							
SIGNATURE OF ATTORNEY							
Susan D. Reinecke, Reg. No. 40,198 MICHAEL BEST & FRIEDRICH LLP Two Prudential Plaza 180 North Stetson Avenue Suite 2000 Chicago, IL 60601-6710 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature Date: May 1, 2006			
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (571) 273-8300.							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Elizabeth M. Campbell Tressler			
Signature				 Date: May 1, 2006			

BEST AVAILABLE COPY